EXHIBIT E

INFINITY HEALTH CONNECTIONS
1700 W HORIZON RIDGE PARKWAY
SUITE 206
HENDERSON NV 89012 4840

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER ( ) (Medicare #) ( ) (Medicaid #) ( ) (ID#/DoD#) ( ) (Member ID#) (X) (ID#) ( ) (ID#) ( ) (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1) [redacted]	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) [redacted]	3. PATIENT'S BIRTH DATE SEX [redacted] M ( ) F (X)	4. INSURED'S NAME (Last Name, First Name, Middle Initial) [redacted]
5. PATIENT'S ADDRESS (No., Street) [redacted]	6. PATIENT RELATIONSHIP TO INSURED Self (X) Spouse ( ) Child ( ) Other ( )	7. INSURED'S ADDRESS (No., Street) [redacted]
CITY [redacted] STATE [redacted]	8. RESERVED FOR NUCC USE	CITY [redacted] STATE [redacted]
ZIP CODE [redacted] TELEPHONE (Include Area Code) ( )		ZIP CODE [redacted] TELEPHONE (Include Area Code) [redacted]
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER NONE
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (CURRENT OR PREVIOUS) ( ) YES (X) NO	a. INSURED'S DATE OF BIRTH SEX [redacted] M ( ) F (X)
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? PLACE (State) (X) YES ( ) NO [redacted]	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? ( ) YES (X) NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ( ) YES (X) NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
SIGNED SIGNATURE ON FILE DATE 10 09 2020

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for service described below.
SIGNED SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY 06 04 2020 QUAL. 431	15. OTHER DATE MM DD YY QUAL.	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE DN VICTORIA SENG PA C	17a. 17b. NPI 1871079301	18. HOSPITALIZATION DATES TO CURRENT SERVICES MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? $ CHARGES ( ) YES (X) NO
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. M54 5 B. M54 2 C. M25 571 D. R53 1 E. M79 9 F. M25 671 G. M25 60 H. V43 52XD I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER 07031972

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. Place of Service	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
10 09 20	10 09 20	11		97530	59	ABCD	165 00	2		NPI	1265084750
10 09 20	10 09 20	11		97140		ABCD	138 00	2		NPI	1265084750
10 09 20	10 09 20	11		97110		ABCD	70 50	1		NPI	1265084750
10 09 20	10 09 20	11		97112		ABCD	69 00	1		NPI	1265084750
										NPI	
										NPI	

25. FEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
27 0039366 ( ) (X)	1322212	(X) YES ( ) NO	$ 442 50	$ 0 00	$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH # (423) 238 7217
KEVIN M COLLINS PT SIGNED 10 10 2020 DATE	BENCHMARK PT MACEDONIA WOODMON 8012 CUMMING HWY STE 106 CANTON GA 30115 9338 a. 1285155879 b.	BENCHMARK PHYSICAL THERAPY 6397 LEE HWY STE 300 CHATTANOOGA TN 37421 2564 a. 1780636068 b.